



# Kansas Department of Health and Environment

## Adult Care Home Program

# FACT SHEET

Volume 19, Number 2

[www.state.ks.us/public/kdhe/bacc.html](http://www.state.ks.us/public/kdhe/bacc.html)

April 1998

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## Automation of the Resident Assessment System

The Health Care Finance Administration published new regulations related to the automation of the resident assessment instrument in the December 23, 1997 issue of the *Federal Register*. All Medicare and/or Medicaid long term care facilities will be required to submit the Resident Assessment Instrument to the state electronically. Assessments for all residents, regardless of payment source completed on or after June 22 must be submitted to the state data base located at Myers and Stauffer, LC.

Listed below are the recommendations for computer hardware to facilitate the transmission of data to the state data base. **DATA WILL NOT BE TRANSMITTED OVER THE INTERNET.** Internet technology will be used to transmit the data over a phone line.

### FACILITY SYSTEM RECOMMENDATIONS

Computer	Pentium 166
Operating System	Windows 95
Memory	32 Megabytes
Hard Drive	1.6 Gigabytes
CD-ROM	24X CD-ROM
Modem	28.8 Modem
Communication Software	Netscape v4.04

Additional information concerning system requirements can be found on the HCFA Website. The website address is:

<http://www.hcfa.gov/medi.../hsqb/mds20/mdsspecs.htm>.

Facilities will be expected to transmit RAI data over a phone line to the state data base. Diskettes will not be accepted after June 22, 1998 with the following exception. Facilities which can provide a letter from their phone company stating that the company's phone lines cannot transmit data will be allowed to submit diskettes. This provision should affect only a few facilities. Facilities are responsible for contacting their phone company and submitting the information to Patricia Maben at the Bureau of Adult and Child Care no later than June 1, 1998.

The *Fact Sheet* is published by the Kansas Department of Health and Environment.

Bill Graves, Governor  
Gary R. Mitchell, Secretary  
Bureau of Adult and Child Care  
900 SW Jackson, Suite 1001  
Landon State Office Building  
Topeka, Kansas 66612-1290  
(785) 296-1240

## MDS Form Revised

In preparation for the Medicare Prospective Payment System, HCFA revised Section AA of the Minimum Data Set (MDS). This section determines the type of assessment transmitted to the state data base. Software vendors will be updating their software as soon as HCFA releases the data requirements for this section. It is anticipated that the data requirements will be released on HCFA's web site within the next three weeks. **FACILITIES MUST NOT TRANSMIT DATA RECORDS USING THE 1.30.98 MDS FORM PRIOR TO JUNE 22, 1998.** Information on submitting a test file prior to June 22 will be provided at the automation trainings planned for late May and June.

## MDS Automation Training

The Kansas Health Care Association and the Kansas Association of Home and Services for the Agency have agreed to assist the department in presenting workshops to prepare staff of Medicare and/or Medicaid certified facilities for submission of MDS forms to the HCFA data base. The workshops will focus on how to prepare MDS data for transmission and how to transmit the data over a phone line using Netscape v4.04. The format of the initial and final verification reports will change.

The associations will mail to facilities brochures containing enrollment information for the workshops in the near future. Please contact KAHSA at (785) 233-7443 or KHCA at (785) 267-6003 for more information regarding enrollment.

It is very important that every nursing facility and long term care unit in a hospital send at least one person to the workshop. A resource manual has been prepared and will be provided to each participant. Enrollment will be limited to no more than three persons per facility. It is essential that the individuals who encode and/or transmit the MDS to the state data base attend this training. Each training session will last four hours and be limited to 50 participants. The intent is that the audience will be small enough that issues related to individual facilities can be addressed.

Below are the locations and dates for the workshops. Workshops will be four hours in length. It is very important that facilities enroll promptly in these workshops. An extensive manual will be provided to each attendee.

Location	Date	No. of Sessions
Wichita	May 21	2 sessions
SE KS Educational Serv Ctr - Greenbush	May 28	2 sessions
Topeka	June 2	2 sessions
Dodge City	June 9	1 session
Hays	June 10	1 session
Salina	June 16	2 sessions
Overland Park	June 18	2 sessions
Topeka	June 23	2 sessions
Wichita	June 25	2 sessions

## **Facility ID Number and Password**

The federal automation system specifies that each Medicare and/or Medicaid nursing facility be assigned a unique number for identification purposes. Each facility will need to be assigned a password in order to access the state data system. Enclosed with this issue of the *Fact Sheet* is a form which must be completed by each facility and returned to the Kansas Department of Health and Environment. Upon receipt of the form, the facility will be issued a facility ID number and a password. Facilities are requested to return the form **no later than April 30**.

## **Maintaining Confidentiality of MDS Data**

It is essential that facilities develop systems to ensure the confidentiality of resident records maintained in the MDS system. Facilities should develop a password system to prevent access to MDS data stored electronically in the facility. The password used to access the facility's computers should be changed whenever an individual with a password ends their employment or there is a concern that individuals who do not have the authority to access the system have knowledge of the password. It is not appropriate to post passwords on or near a computer.

## **Notification to Residents**

The Health Care Financing Administration will require facilities to inform residents about the automation and electronic transmission of the MDS. Each resident will need to be furnished a copy of a notice developed by HCFA. Residents or their legal representative will not need to sign the form. The form will need to be provided to current residents on June 22, 1998 and at admission to all residents admitted after June 22. The required notice will be included in the manual distributed at the automation training. HCFA has not officially released the mandated form.

## **Submission of MDS Data by Medicare-only Facilities**

Medicare certified facilities are required to submit all MDS assessments completed on or after June 22, 1998 to the state data base. If a resident had an assessment performed prior to June 22, the MDS 2.0 Face Sheet must be submitted with the new assessment. The system will not accept a MDS form without the face sheet information. Therefore, if the first assessment performed after June 22 is a significant change in condition, a quarterly review, or a discharge tracking form, the face sheet information must also be transmitted.

## **Implementation of Prospective Payment System for Medicare Certified Skilled Nursing Facilities**

Training for Medicare certified skilled nursing facilities related to the prospective payment system will be conducted by Medicare Fiscal Intermediaries (F.I.). Facilities will move to the prospective payment system at the beginning of the fiscal year on or after July 1, 1998. The F.I.'s will provide information on billing procedures for skilled nursing facility stays and Part B Medicare services provided to residents of the facility.

HCFA will be releasing the data specifications for the Medicare Utilization Groups to software vendors in April. Medicare certified facilities must ensure that their software is capable of generating the Medicare RUGs score for their residents. The RUGs system used for Medicare is a modification of the RUGs system used by the Kansas Medicaid program.

## **Semi-annual Reports**

Recently the Kansas Department on Aging announced changes in their reporting requirements for Medicaid census reports. KDHE semi-annual reports include information concerning the number of residents in the facility each day. Facilities are encouraged to continue to use the AU-3902 or similar form to record days of occupancy. Information from that source can then be used to complete the KDHE semi-annual reports. The major difference in the system is that a "medicaid" paid day now includes days for which the facility received payment during a hospital stay. Staff will need to develop a system to identify the "medicaid paid days" in which the resident was in the hospital in order not to include those days in the occupancy report to KDHE. Many software programs for the Minimum Data Set include a resident census program. These programs use the discharge tracking system which would identify the periods when the resident was out of the facility for hospital care.

## **RAI Questions and Answers**

Section M Skin Condition: There are many types of skin ulcers. The first item of this section asks the assessor to stage any ulcer found due to any cause using the Agency for Health Care Policy and Research criteria. The next question in this section asks for the highest staging of two **types** of ulcers, pressure and venous stasis. There is no provision on the MDS to record other types of ulcers such as diabetic ulcers, arterial insufficiency ulcers, and sickle cell ulcers. Skin ulcers which develop following skin tears, maceration of the skin, abrasions and burns are recorded in items 4a, 4b, 4c, and 4f.

It is essential that the resident's clinical record include information concerning the causative factors related to the development of any skin ulcer. Physician progress notes should include diagnostic information related to the development of a skin ulcer.

## **Best Practice Award**

The Kansas Partnering Group awarded Mt. Joseph Senior Community the Best Practices Award for 1997 for their employee retention program. Through an integrated program which begins at the time of employment, Mt. Joseph experienced a 30.65 percent turnover rate between October 1996 and September 1997. This rate is well below the state and national rates. Mt. Joseph emphasizes their fire core mission values of community, competence, service, human dignity and vision in their employee orientation program, employee and resident policies and procedures and inservice education.

Eudora Nursing Center was honored as the first runner-up for their retention program which included a combination of benefit and reward programs. Since the inception of the program, the facility has had a dramatic decrease in resignations from 28 resignations in a quarter to five resignations in the third quarter of 1997. Moran Manor was recognized for an innovative employee education program which included a skills fair to update specific skills within each department in the facility.

The above facilities were recognized at the joint convention of the Kansas Health Care Association and the Kansas Association of Homes and Services for the Aging in January. The Kansas Partnering Group is a coalition of public and private agencies founded to promote quality of care for Kansas nursing home residents.

## **Resident Rights - Change in Room or Roommate**

Federal and state regulations allow nursing facilities to make decisions related to the room assigned to a resident and who shares that room as a roommate. The regulations do require the facility to notify the resident, the resident's legal representative or interested family members when a change in rooms or a roommate is planned. It is important that residents and their advocates be involved in this process. Staff must take into consideration the effect of a move on the resident's mental, psychosocial and physical well-being. It is inappropriate to place two residents together who are not compatible. Efforts should be made to limit changes in rooms and roommates, especially for residents with dementia. Residents should be made aware of the facility's policy related to room changes and roommates at the time of admission. 42 CFR 483.10(b)(11)(ii)(A) and KAR 28-39-147(g)(2).

## **Safety Alert for Health Care Facilities**

Enclosed with this issue of the *Fact Sheet* is an informational sheet on leaded ceramic glazes used in art therapy programs. Please ensure that activity personnel are made aware of the dangers of using leaded ceramic glazes with residents who have cognitive impairments.

## **Work Restrictions for Health Care Workers**

Enclosed with this issue of the *Fact Sheet* is a copy of the Centers for Disease Control and Prevention recommendations for work restrictions for employees exposed or infected with certain vaccine-preventable diseases. It is strongly recommended that all health care facilities review their current infection control policies to ensure that the issues in the recommendations are addressed.

## **Reportable Diseases in Kansas**

Enclosed is a copy of the form for reportable diseases in Kansas. Several nursing facilities have requested copies of the list of reportable diseases. The Office of Epidemiologic Services would appreciate receiving reports from adult care homes concerning the incidence of reportable infectious diseases in the facility. The bureau is also interested in reports of unusual incidence and behavior of infectious diseases.

## **MRSA and VRE Manual**

The Bureau of Epidemiologic Services is in the process of completing a manual for health care facility management of care of individuals with Methycillin resistant staphylococcus aureus and Vancomycin-resistant enterococci infections. When the manual is completed, copies will be sent to the provider associations for distribution. The manual will also be available on the KDHE website. Facility staff should use the manual as a primary resource for the care of residents with MRSA and VRE. Information on the care of residents with MRSA and VRE was published previously in the *Fact Sheet*. The manual produced by the Bureau of Epidemiologic Services will become the primary source for information on management of MRSA and VRE. Facility administrators should ensure that at least one copy of the manual is available in the facility for staff reference.

## **Emergency Management Plans**

The bureau has received a number of calls from nursing facilities and assisted living/residential health care facilities concerning development and review of emergency management plans. The bureau will be working with the Kansas Division of Emergency Management in the revision of a manual on emergency management for adult care homes. The current manual is in need of extensive revision. Information on the new manual will be published in the *Fact Sheet*.

*Below is a statement from the Kansas State Board of Nursing*

## **Out-of-State Graduates and Students**

On December 3, 1997, the Board of Nursing discussed students and graduates of out-of-Kansas nursing education programs. It was questioned if these students in a clinical class in Kansas agencies met the Board of Nursing requirement about accreditation. Or, if new graduates from out-of-state schools could practice in Kansas between graduation and successful completion of the licensure examination. Another factor was Kansas licensure of faculty from the out-of-state program.

The Board of Nursing approved the following motion:

The KSBN maintains the historical interpretation on the statutes that graduate nurses from other accredited states schools may practice as GN's in KS until such time as they receive CAT exam results and that students enrolled in accredited out-of-state school of nursing may have clinical experiences in the state of Kansas.

The Kansas Nurse Practice Act does not prohibit the practice of nursing by graduates pending the results of the first licensure examination scheduled following graduation but in no case is to exceed 90 days after graduation, whichever comes first.

The Board of Nursing recommends that nurse administrators in Kansas agencies are responsible for checking the Kansas license of faculty from out-of-Kansas program. If the instructor does not have a Kansas professional registered nursing license, the facility should report this violation to the legal section of the Board of Nursing at (785) 296-4325. The instructor cannot teach nursing without a license, so should be restricted from practicing of teaching until the Kansas license is received.

## **Credentialing Update - Changes for Reporting of Employment Verifications**

As of January 1, 1998, the facilities will begin reporting the employment of certified nurse aides, medication aides and home health aides only once a year. The January reporting will include July 1, 1997 through December 31, 1997. The next reporting will include January 1, 1998 through December 31, 1998.

The initial mailing of the employment verification forms will be done by this office, rather than with the *Fact Sheet*. Health Occupations Credentialing will include all adult care homes, hospitals and agencies in our mailing. This mailing will be addressed to the attention of the human resource department.

## **Resources for Quality Care**

The *American Journal of Public Health* published an article on injury and death associated with hospital bed side rails. The study reviewed the reports to the Food and Drug Administration related to injury and death associated with the use of side rails. In a ten year period 111 entrapments were reported. Sixty five percent of the reports were associated with a death and 23% with injury. The conclusions of the study were that advanced age, female sex, low body weight, and cognitive impairment may be associated with increased risk for injury when side rails are used.

Todd, J., Ruhl, C. and Gross, T. (1997). Injury and death association with hospital bed side-rails:

Reports to the US Food and Drug Administration from 1985 to 1995. *American Journal of Public Health*, 87(10) 1675-1677.

The following new videos are available from the Kansas Public Health and Environmental Information Library (KPHEIL). A catalog of videos for use in adult care homes and video request form was published in the January *Fact Sheet*.

- Nursing Assisting Series - A group of 21 videos which can be used in a nurse aide training program or in-service programs. Subjects include restraints and restraint reduction, basic restorative techniques and dementia. Further information about the series can be obtained by calling 785-532-5120. This telephone number is for information only. Orders will not be taken over the phone.
- "Hello in There: Person-Centered Care. This is an updated version of "What Do You See Nurse?" It focuses on person-centered care in residential care home settings. DA6478 1996 19 min.
- "Oral Care Basics for Caregivers". This video covers proper oral care for residents of adult care facilities and nursing homes. DA6958 1996 15 Min.

*Serving Safe Food.* Kansas State University Agricultural Experimental Station and Cooperative Extension Service will be offering a two day certification course across the state. The course is designed for food service personnel including those who work in hospitals, nursing facilities, assisted living/residential health care facilities, home plus, boarding care and adult day care. Brochures concerning the workshops are available through K-State Extension offices in your area. Workshops are scheduled to begin April 13 through October 12. Registration is required two weeks in advance of the workshop. Copies of the brochure have been provided to the provider associations.

The Kansas Association of Homes and Services for the Aging purchased three video programs on restraints which have been added to the Kansas Public Health and Environmental Information Library.

- *Everyone Wins* - This is a set of six videos which can be used to assist facilities in developing effective programs to reduce the use of physical restraints. The scenarios presented in the videos reflect actual situations found in nursing facilities. (2) copies
- *A Family Guide to Restraint-free Facility* - Facilities will find this video helpful in educating family members about the dangers of restraint use.

The Kansas Health Care Association purchased three video programs which have been placed in the KPHEIL.

- *We Are In the People Business* - A set of videos which will assist facilities in examining their total program to ensure that they are focusing on the resident as the customer. (2) copies
- *Approaches to Urinary Incontinence in the Elderly* - This video would provide an excellent inservice program for nursing staff. The causes of incontinence and appropriate approaches to improving continence are presented.

The Kansas State Fire Marshal's Office has educational videos available for use by facilities for staff and resident education. Contact the Fire Marshal's Office at (785) 296-3401.

**ANE ISSUE STATISTICS 12/1/97 to 2/28/98**  
**Complaint Calls Assigned for Investigation**

ANE Investigations

Total 391

Dec 117

Jan 129

Feb 145

Care Issues Investigated

Total 341

Dec 118

Jan 113

Feb 110

*Licensure Category	Civil Penalties				Correction Orders			
	1997 Quarters							
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
Inadequate or inappropriate hygiene and skin care	9	8	10	2	52	41	49	31
Inadequate or unqualified staffing	12	21	4	16	48	48	26	40
Inoperable or inaccessible call system	-	-	-	-	1	0	3	5
Inappropriate or unauthorized use of restraints	2	-	-	1	16	8	12	8
Unsafe medication administration or storage	4	2	3	2	16	12	15	4
Inadequate nursing services other skin care	12	9	18	5	65	61	82	58
Inadequate or inappropriate asepsis technique	4	1	-	1	8	6	6	16
Inadequate or inappropriate dietary/nutritional services	-	1	-	1	6	5	9	5
Unsafe storage or hazardous or toxic substances	-	-	-	-	4	0	2	-
Failure to maintain equipment	3	5	3	1	19	15	14	10
Resident right violations	8	3	2	3	43	31	27	25
Unsafe high water temperature	-	-	-	-	5	1	-	5
Inadequate hot water	-	-	-	-	-	0	-	-
General sanitation and safety	9	2	2	-	35	20	17	12
Other (including inappropriate admission)	-	1	4	3	14	13	28	17
Inadequate rehabilitation services	-	-	-	-	-	-	-	-
Civil Penalties	44	32	23	26				
Correction Orders					125	128	129	122
Bans on Admission	4	8	8	5				
Denials	2	1	1	1				

\*A correction order or civil penalty may consist of multiple issues summarized within the licensure categories above.





# KANSAS

## DEPARTMENT OF HEALTH & ENVIRONMENT

BILL GRAVES, GOVERNOR

Gary R. Mitchell, Secretary

### REQUEST FOR FACILITY ID NUMBER AND PASSWORD

<b>FACILITY NAME</b>	
<b>ADDRESS</b>	
<b>PHONE NUMBER</b>	
<b>FAX NUMBER</b>	
<b>E-MAIL</b>	
<b>MDS CONTACT PERSON</b>	

❖❖RETURN THIS FORM BEFORE APRIL 30, 1998❖❖

Return to: Bureau of Adult and Child Care  
KS Dept of Health and Environment  
900 SW Jackson, Suite 1001, Topeka, KS 66612-1290



**THE ART & CREATIVE  
MATERIALS INSTITUTE, INC.**  
100 Boylston Street, Suite 1050  
Boston, MA 02116  
Tel. (617) 426-6400  
Fax (617) 753-6185

### **SAFETY ALERT FOR HEALTH CARE FACILITIES**

"Leaded ceramic glazes continue to be inappropriately and dangerously used in some nursing homes and other art therapy programs," said Deborah Fanning, Executive Vice President of The Art & Creative Materials Institute, Inc. (ACMI). Recently, ACMI learned of several incidents where nursing home patients in North Carolina ingested ceramic glazes. According to ACMI's Toxicologist, Dr. Woodhall Stopford, Director of the Occupational Medicine Training Program at Duke University Medical Center, one of these incidents resulted in the death of a patient because the family refused treatment.

Past reports indicated that in some cases liquid leaded ceramic glazes were poured into medicine cups for use by individual patients. The latest cases appear to indicate glazes are being moved to other than their original containers, thus resulting in accidental ingestion. ACMI's Toxicologist, Dr. Stopford, strongly warns against this practice. "Medicine cups should be used for medications, not art materials or other liquids," said Dr. Stopford. "Patients are likely to confuse any liquid contained in a medicine cup with an intended medicine out of habit." In such situations involving seniors or children, materials should not be transferred out of their original containers because it increases the risk of accidental ingestion.

Dr. Stopford recommends that lead-containing hobby glazes be used only by individuals who are capable of following safe use instructions. If supervision is required, only lead-free, non-toxic hobby glazes should be used.



Non-toxic ceramic products of ACMI manufacturers, such as some lead-free glazes, can be readily identified by the AP Seal on product labels.



Ceramic products bearing the HL Health Label with cautionary warning labels, such as leaded glazes, can also be readily identified by this HL Health Label and accompanying health warnings and safe use instructions.

**WARNING:** Contains (specific ingredient and precautionary labeling).

"Schools, nursing homes, and hospitals should purchase only non-hazardous art materials (with no hazard labeling) that indicate they conform to the standard ASTM D-4236," according to the Consumer Product Safety Commission. "Health care facility operators and occupational therapists should read the labels of all materials they buy before patients use them in art therapy programs," said Mrs. Fanning. Art and craft programs in health care facilities provide recreation and challenge to patients. It is important these programs are also safe for patients. ACMI-certified leaded glazes are clearly and distinctly labeled with strong warnings. These glazes, as well as other hazardous materials, should never be transferred to unmarked containers and never transferred to a container associated with medications.

To receive a list of ACMI-certified art and craft materials and an informational booklet, or to receive answers to specific questions on materials and safe use, please contact ACMI at 100 Boylston Street, Suite 1050, Boston, MA 02116, Tel. (617) 426-6400, Fax (617) 753-6185. For general information, visit ACMI's web site at [www.creative-industries.com/acmi](http://www.creative-industries.com/acmi)

**TABLE 5. Work restrictions\* for health-care workers (HCWs) exposed to or infected with certain vaccine-preventable diseases**

Disease/Problem	Work Restriction	Duration
<b>Diphtheria</b>		
Active	Exclude from duty.	Until antimicrobial therapy is completed and 2 nasopharyngeal cultures obtained $\geq 24$ hours apart are negative.
Postexposure (Susceptible HCWs; previously vaccinated HCWs who have not had a Td booster dose within the previous 5 years)	Exclude from duty.	Same as active diphtheria
Asymptomatic carriers	Exclude from duty.	Same as active diphtheria.
<b>Hepatitis A</b>	Restrict from patient contact and food handling.	7 days after onset of jaundice.
<b>Hepatitis B</b>		
HCWs with acute or chronic antigenemia:		
-HCWs who do not perform exposure-prone invasive procedures (27)	Standard precautions should always be observed. No restriction unless epidemiologically linked to transmission of infection.	Universal precautions should always be observed.
-HCWs who perform exposure-prone invasive procedures	These HCWs should not perform exposure-prone invasive procedures until they have sought counsel from an expert review panel which should review and recommend the procedures the worker can perform, taking into account the specific procedure as well as the skill and technique of the worker (30).	Until HBeAg <sup>†</sup> is negative.
<b>Upper respiratory infections</b> (Persons at high risk for complications of influenza as defined by ACIP [3])	During particular seasons (e.g., during winter when influenza and/or RSV are prevalent), consider excluding personnel with acute febrile upper respiratory infections (including influenza) from care of high-risk patients.	Until acute symptoms resolve.
<b>Measles</b>		
Active	Exclude from duty	7 days after rash appears.
Postexposure (Susceptible personnel)	Exclude from duty.	5th day after 1st exposure through 21st day after last exposure and/or 7 days after the rash appears.

**TABLE 5. Work restrictions\* for health-care workers (HCWs) exposed to or infected with certain vaccine-preventable diseases — Continued**

Disease/Problem	Work Restriction	Duration
<b>Mumps</b>		
Active	Exclude from duty	9 days after onset of parotitis.
Postexposure (Susceptible personnel)	Exclude from duty.	12th day after 1st exposure through 26th day after last exposure or 9 days after onset of parotitis.
<b>Pertussis</b>		
Active	Exclude from duty	Beginning of catarrhal stage through 3rd week after onset of paroxysms or until 5 days after start of effective antimicrobial therapy.
Postexposure <i>Symptomatic personnel</i>	Exclude from duty	5 days after start of effective antimicrobial therapy.
<i>Asymptomatic personnel</i>	No restriction, on antimicrobial prophylactic therapy.	
<b>Rubella</b>		
Active	Exclude from duty	5 days after the rash appears.
Postexposure (Susceptible personnel)	Exclude from duty.	7th day after 1st exposure through 21st day after last exposure and/or 5 days after rash appears.
<b>Varicella</b>		
Active	Exclude from duty	Until all lesions dry and crust.
Postexposure (Susceptible personnel)	Exclude from duty	10th day after 1st exposure through 21st day (28th day if VZIG administered) after the last exposure; if varicella occurs, until all lesions dry and crust.
<b>Zoster</b>		
(Localized in normal person)	Cover lesions; restrict from care of high-risk patients <sup>‡</sup> .	Same as varicella.
Postexposure (Susceptible personnel)	Restrict from patient contact.	

\* Adapted from:

- (173) CDC. Recommendations for preventing transmission of human immunodeficiency virus and hepatitis B virus to patients during exposure-prone invasive procedures. *MMWR* 1991;40(RR-8):1-8.- (95) CDC. Guideline for isolation precautions in hospitals. Recommendations of the Hospital Infection Control Practices Advisory Committee (HICPAC) and the National Center for Infectious Diseases. *Infect Control Hosp Epidemiol* 1996;17:53-80.- (178) Williams WW: CDC guideline for infection control in hospital personnel. *Infect Control* 1983;4(Suppl):326-49.<sup>†</sup> HBeAg = Hepatitis B e antigen.<sup>‡</sup> Patients who are susceptible to varicella and at increased risk for complications of varicella (i.e., neonates and immunocompromised persons of any age.)

# Kansas Notifiable Disease Form

**Patient's name** \_\_\_\_\_  
Last First Middle

**Address** \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

**Phone** (        )        -        **Birth date**    /    /    **Age**

**Race:** White Black Native American Asian **Hispanic:** Y N **Sex:** M F

Disease \_\_\_\_\_ Date of onset \_\_\_\_/\_\_\_\_/\_\_\_\_

Outbreak #	Hospitalized:	Y	N	Died:	Y	N
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**Hospital** \_\_\_\_\_ **City** \_\_\_\_\_

Physician \_\_\_\_\_ Physician Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

First reported by \_\_\_\_\_ Date first report received \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone (       )       -

**Comments** (e.g. date of diagnosis, laboratory results, etc.)

## REPORTABLE DISEASES IN KANSAS

(K.S.A. 65-118, 65-128, 65-6001 through 65-6007, K.A.R. 28-1-2)

Acquired Immune Deficiency Syndrome (AIDS);  
Amebiasis;  
**Anthrax;**  
**Botulism;**  
Brucellosis;  
Campylobacter infections;  
Chancroid;  
*Chlamydia trachomatis* infection  
**Cholera;**  
Cryptosporidiosis;  
**Diphtheria;**  
Encephalitis, infectious;  
*Escherichia coli* O157:H7 (including hemolytic uremic syndrome) (\*)  
Giardiasis;  
Gonorrhea;  
*Haemophilus influenzae*, invasive disease  
Hepatitis, viral and acute;  
Hantavirus pulmonary syndrome;  
Human Immunodeficiency Virus (HIV) (anonymous- reportable by physicians only)  
Legionellosis;  
Leprosy (Hansen's disease);

Lyme disease;  
 Malaria;  
**Measles (rubeola);**  
**Meningitis, bacterial;**  
**Meningococcemia; (\*)**  
**Mumps;**  
**Pertussis (whooping cough);**  
**Plague;**  
**Poliomyelitis;**  
 Psittacosis;  
**Rabies, animal and human;**  
 Rocky Mountain Spotted Fever;  
**Rubella**, including congenital rubella syndrome;  
 Salmonellosis, including typhoid fever; (\*)  
 Shigellosis; (\*)  
*Streptococcus pneumoniae*, drug-resistant invasive disease;  
 Syphilis, including congenital syphilis;  
 Tetanus;  
 Toxic shock syndrome, streptococcal and staphylococcal;  
 Trichinosis;  
 Tuberculosis; (\*)  
 Tularemia;  
 Yellow fever.

**Outbreaks of any disease are reportable**

**Bold**--Immediate telephone report requested

(\*) Send isolate to Kansas Health and Environmental Laboratory

Mail reports to your local health department or to the Office of Epidemiologic Services, 900 SW Jackson, Suite 1051, Topeka, KS 66612-1290, or fax to (785) 291-3775.

For more information contact your local health department or call the Office of Epidemiologic Services at 785-296-2951.